

U.S. ENVIRONMENTAL PROTECTION AGENCY - REGION 10 UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility #: AK 518 Passed Inspection? Y ☒ N Operator Training? ☒ N
 Inspection Date: 6/16/14 Time: 12:00pm to 2:30pm SBA Info Sheet Given? ☒ N
 Lead Inspector: Ben Horwitz Others: Larry Brinkerhoff-ADEC
 Facility Reps: Mark Rozak*

* Credentials Presented To

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital Camera ☐ Other

Enforcement Actions Taken Onsite: NOV # _____ FNNC # _____ FC # _____ For \$ _____

Enforcement Action Delayed for (Reason): Returning to office for determination

GPS Reading: _____

FACILITY INFORMATION

Facility Name: Soldotna Y Chevron
 Facility Address: 44024 Sterling Highway
 City: Soldotna State: AK Zip: 99669 Phone: 907-262-1498
 UST Owner Name: Mark Rozak Operator: Mark Rozak
 Owner Address: _____
 City: _____ State: _____ Zip: _____ Phone: 907-262-4513

FINANCIAL RESPONSIBILITY

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Meets Financial Responsibility Requirements | <input type="checkbox"/> State Government Entity | <input type="checkbox"/> Federal Government Entity |
| <input checked="" type="checkbox"/> All (tanks covered) or (check which tanks are covered) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Type: <input checked="" type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Stdbdy Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other | <u>Make sure tanks are covered</u> | |
| Issuing Entity: <u>ADEC Approved</u> | Dates of Coverage: <u>6/30/13 to 6/30/14</u> | In EPA Format? <input checked="" type="radio"/> Y <input type="radio"/> N |

| UST SYSTEM STATUS | 1 | 2 | 3 | 4 | 5 | 6 |
|--|--------------------|---------------|---------------|---------------------|-----------------|---|
| Manifolded (M) or Compartmented (C) Tank(s)? | <u>N</u> | <u>N</u> | <u>N</u> | <u>N</u> | <u>N</u> | |
| Status: <u>CIU</u> TOU POU <input type="checkbox"/> All | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | |
| Date Installed: <input type="checkbox"/> All | | | | | | |
| Substance in Tank(s): <input type="checkbox"/> All | <u>Die</u> | <u>Gas</u> | <u>Die</u> | <u>Gas</u> | <u>Used oil</u> | |
| Tank Capacity (gal): <input type="checkbox"/> All | <u>1,500</u> | <u>6K</u> | <u>6K</u> | <u>10K</u> | <u>1K</u> | |
| Tank Material: BS <u>CPS</u> COM FRP DW ExL Lin <input type="checkbox"/> All | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | |
| Verified Tank by: Visual <u>Invoice</u> Warranty Picture <input type="checkbox"/> All | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | |
| Emergency Generator Tank(s)? <input checked="" type="checkbox"/> NA <input type="checkbox"/> All | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | |
| Piping Material: GS <u>CPS</u> FRP FlexP DW SecC <input type="checkbox"/> All | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | | |
| Verified Pipe by: <u>Visual</u> <u>Invoice</u> Warranty Picture <input type="checkbox"/> All | <u>X</u> | <u>X</u> | <u>X</u> | <u>X</u> | | |
| Piping Type: Grav <u>Pres</u> SafeSuction U.S.Suction <input type="checkbox"/> All | <u>Press.</u> | <u>Press.</u> | <u>Press.</u> | <u>Safe Suction</u> | <u>Gravity</u> | |
| If Not in use when was system last used: <input type="checkbox"/> All | <u>6/16/14</u> | | | | | |
| Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All | <u>SafeSuction</u> | | | <u>Press.</u> | | |

PHOTO LOG

| Image ID | Location | Description |
|-----------|-------------|----------------------------------|
| 027- 0294 | TRB Sump T4 | Missing ALLD / capped pipe shown |
| 028- 0295 | " | close up of turbine head |
| 029- 0296 | T5 fillpipe | only visible portion of VST |
| | | |
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RELEASE DETECTION RECORDKEEPING

| Year | Month | T1 | T2 | T3 | T4 | T5 | |
|------|---------------|-----|-----|-----|-----|----|--|
| 14 | 1 - January | M | M | M | M | M | |
| 14 | 2 - February | M | M | M | M | M | |
| 14 | 3 - March | P | P | P | P | M | |
| 14 | 4 - April | M P | M P | M P | M P | M | |
| 14 | 5 - May | P | P | P | P | M | |
| 14 | 6 - June | P | P | P | P | M | |
| 13 | 7 - July | M | M | M | M | M | |
| 13 | 8 - August | M P | M P | M P | M F | M | |
| 13 | 9 - September | M P | M P | M P | M M | M | |
| 13 | 10 - October | M P | M P | M P | M M | M | |
| 13 | 11 - November | M | M | M | M | M | |
| 13 | 12 - December | M P | M P | M P | M P | M | |

P = Pass F = Fail M = Missing I = Inconclusive

4M 4M 4M 6M, 1F

Mark Rozak sent Ben more tank
RD slips on 6/25/14

| Jan 5, 2013 | March 5, 2013 | Sept 5, 2013 | |
|---------------|---------------|--------------|--------|
| T1 - P | T1 - P | T1 - P | |
| T2 - P | T2 - P | T2 - P | |
| T3 - P | T3 - P | T3 - P | |
| T4 - P | T4 - P | T4 - M | |
| Aug. 25, 2013 | Oct. 5, 2013 | Dec. 5, 2013 | |
| T1 - P | T1 - P | T1 - P | |
| T2 - P | T2 - P | T2 - P | |
| T3 - P | T3 - P | T3 - P | |
| T4 - F | T4 - M | T4 - P | |
| 3/5/14 | 4/5/14 | 5/5/14 | 6/5/14 |
| T1 - P | T1 - P | T1 - P | T1 - P |
| T2 - P | T2 - P | T2 - P | T2 - P |
| T3 - P | T3 - P | T3 - P | T3 - P |
| T4 - P | T4 - P | T4 - P | T4 - P |

RELEASE DETECTION - TANKS

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
|---|---|---|---|---|---|

☐ Release Detection Method(s) present for all tanks & meets specific performance standards as in 280.43. ☐ NA

☒ Automatic Tank Gauge (ATG) ☐ All

Manufacturer: EBW Model: Autostick Jr

X

X

X

X

☐ Interstitial Monitor (IM) ☐ All

Manufacturer: _____ Model: _____

☒ Manual Tank Gauge (MTG) ☐ All

X

☐ Tank Tightness Test (TTT) date completed: _____ ☐ All

☐ Inventory Control (IC) ☐ All

☐ Vapor Monitoring (VM) ☐ All

Site Assessment? Y N ☐ All

☐ Ground Water Mon. (GWM) ☐ All

Site Assessment? (ie: 3'<gw<20') Y N ☐ All

☐ SIR Vendor: _____ ☐ All

☐ Deferred (Emergency Generators ONLY) ☐ All

Multiple RD Methods in Place? Y N ☐ All

MTG TTT IC VM GWM ATG IM SIR

☐ TOU UST(s) Comply with Release Detection? Y ☐ N ☐

☐ Inches of Product in Tank(s)? ☐ All

☐ Hazardous Substance UST(s) Secondarily Contained? ☐ NA

RELEASE DETECTION - PIPES

☐ Release Detection method(s) present for ALL piping and meets specific performance standards as stated in 280.44. ☐ NA

☒ ALLD(s): ☐ ELLD ☒ MLLD

Manufacturer: _____ Model: _____

Date of Most Recent ALLD Annual Test: 8-11-11

Service Provider: Paul Pedersen

X

X

X

currently missing

☒ LTT Date of Most Recent Test: 6-25-12 ☐ All

Service Provider: Tenkology

X

X

X

☐ Monthly Monitoring Method: ☐ All

VM GWM IM SIR Sump Sensor Other _____

☐ Deferred (Emergency Generators ONLY) ☐ All

RELEASE DETECTION - RECORDS

☒ Release Detection records verified in EPA format as stated in 280.45. ☐ NA

Monthly monitoring records reviewed= 12 months, of last 12:

Tank(s) (months) Pass: 3 Fail: _____ Invl.: _____ Missing: _____

Piping (months) Pass: _____ Fail: _____ Invl.: _____ Missing: _____

3 pass

9 missing

3 pass

9 missing

3 pass

9 missing

3 pass

9 missing

12 missing

☐ ALL Non-Passing results resolved? ☐ NA

☐ If not resolved, was the implementing agency notified of a suspected release? Y ☐ N ☐ No release suspected ☐

If equipment was installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For: ATG SIR IM Sensors ALLD Other: _____ In compliance with Evaluation? Y N

SITE SKETCH

(Not to Scale)

North=

KEY: T=Tank P=Pipe D=Dispenser R=Rectifier

REPAIRS & TANK LINING

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| <input type="checkbox"/> Are there any Repairs being Conducted or Completed? Y N | | | | | | |
| <input type="checkbox"/> If yes, have the repaired tanks or piping been Tightness Tested within 30 days? (not required if internal inspection or if monthly monitoring is in use) <input type="checkbox"/> NA | | | | | | |
| <input type="checkbox"/> Are tanks internally lined? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> All | | | | | | |
| <input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> NA | | | | | | |
| Date of Lining: _____ | | | | | | |
| Date of PASSING Internal Inspection: _____ <input type="checkbox"/> All or | | | | | | |

CATHODIC PROTECTION

| | | | | | | |
|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Cathodic Protection met on all tank(s) and piping, including metal flex connectors, swing joints, etc. as stated in 40 CFR 280.21. | | | | | | |
| <input type="checkbox"/> Impressed Current System | <input checked="" type="checkbox"/> Sacrificial Anode System | | | | | |
| <input type="checkbox"/> Tank(s) | <input type="checkbox"/> Piping | <input checked="" type="checkbox"/> Tank(s) and Piping | | | | |
| <input type="checkbox"/> Impressed Current System: | <input type="checkbox"/> All | | | | | |
| Installation Date: _____ Set at _____ amps | | | | | | |
| <input type="checkbox"/> Last 3 (60 Day) rectifier inspection Records? Y N | | | | | | |
| System On? Y N Observed amperage of _____ amps | | | | | | |

CATHODIC PROTECTION - TESTING

| | | | | | | |
|--|------------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Cathodic Protection testing requirements met as stated in 40 CFR 280.31. <input type="checkbox"/> NA | | | | | | |
| <input checked="" type="checkbox"/> Date of Previous Test: <u>9-11-11</u> | <input type="checkbox"/> All | | | | | |
| Tested: <input type="checkbox"/> Tank(s) <input type="checkbox"/> Piping <input checked="" type="checkbox"/> Tank(s) and Piping | | | | | | |
| Service Provider: <u>Paul Pedersen</u> | | | | | | |
| <input type="checkbox"/> Date of Previous Test: _____ | <input type="checkbox"/> All | | | | | |
| Tested: <input type="checkbox"/> Tank(s) <input type="checkbox"/> Piping <input type="checkbox"/> Tank(s) and Piping | | | | | | |
| Service Provider: _____ | | | | | | |
| <input type="checkbox"/> Was a CP test conducted after Installation or Repair? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | | | | |

SPILL & OVERFILL PREVENTION

| | | | | | | |
|--|------------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Spill and Overfill prevention devices present and functional as stated in 40 CFR 280.21. <input type="checkbox"/> NA | | | | | | |
| <input checked="" type="checkbox"/> Spill Prevention Device Present and Functional | <input type="checkbox"/> All | | | | | |
| <input type="checkbox"/> Ball Float Valve Installed | <input type="checkbox"/> All | | | | | |
| <input checked="" type="checkbox"/> Flow Restrictor (Auto Shut off) Installed | <input type="checkbox"/> All | | | | | |
| <input type="checkbox"/> Automatic Alarm Operational & Audible | <input type="checkbox"/> All | | | | | |
| <input checked="" type="checkbox"/> Spill / Overfill NOT Required (transfer ≤ 25 gallons) | <input type="checkbox"/> All | | | | | |

Inspector's Signature: B. D. H.

Date: 6-16-14

Notes:

- ALLD was removed from T4 trb because mclld was problematic during the winter.
- ATG is behind the main desk + monthly RD appears to be happening.
- Only 3 of the last 12 months were provided a records of monthly RD on tanks 1-4.
- T5 is used oil + they were manually tank gauging but stopped \approx 1 year ago. No records provided.
- \pm Dispenser island was removed but pipes were capped + left in place, no sampling done.
- Unable to see a current ALLD test or line tightness test on T2, 3, 4.